

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

No 2080

SFUND RECORDS CTR

999000426

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): CDESLOCK COMPANY ☐ ☐ ☐ ☐ Code No.Pick up Address: 11 SOUTH MAIN STREET (Number) (Street) (City)Telephone Number: 213-778-0880 P.O. or Contract No.:

Order Placed By: _____ Date: _____

Type of Process which Produced Wastes: ☐ ☐ ☐ ☐ (Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) WASTE COOLANT WATER ☐ ☐ Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	%	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH 7 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)Special Handling Instructions (if any): NOVIF

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY ☐ ☐ ☐ ☐ Code No.Business Address: 8655 So. Main Street, Los Angeles 90003 (Street) (City)Telephone Number: 213-759-6145 (Number) (Street) (City) Pick Up: _____ Time: _____ ☐ am ☐ pmState Liquid Waste Hauler's Registration No. (if applicable): 118 (Date)Job No.: 04565 No. of Loads or Trips: _____ Unit No.: A-6Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct. McClintock Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES ☐ ☐ ☐ ☐ Code No.Site Address: 2425 SOUTH PARKFIELD AVE.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ (Examples: incineration, neutralization, precipitation)-Code No.
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12/21/77I certify (or declare) under penalty of perjury that the foregoing is true and correct. Q Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A029510

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____